

BEST AVAILABLE COPY

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MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/786309

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5		2				
6			EX			
7	1					
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TOTAL IND.	2		↓		↓	
TOTAL DEP.	6	↔		↔		↔
TOTAL CLAIMS	8	↔		↔		↔

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		↔		↔		↔

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS